

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

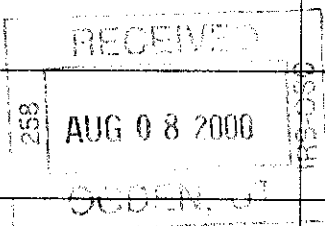
1 Name of organization <u>Oregon Optometric Public Affairs Council</u>		Employer identifica. number <u>93-1299538</u>
2 Mailing address (P.O. Box or number, street, and room or suite number) <u>6901 S.E. Lake Rd., Suite 26</u> City or town, state, and ZIP code <u>Milwaukie, Or 97267</u>		
3 E-mail address of organization <u>None</u>		
4a Name of custodian of records <u>Oregon Optometric Physicians Association</u>	4b Custodian's address <u>6901 S.E. Lake Rd., Suite 26</u> <u>Milwaukie, Or 97267</u>	
5a Name of contact person <u>Darrin Fleming, OD.</u>	5b Contact person's address <u>922 Country Club Rd.</u> <u>Eugene, Or 97401</u>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
Support or oppose one or more of the following: candidates or multiple
candidates or measures.

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<u>Oregon Optometric Physicians Assoc.</u>	<u>common direction & control</u>	<u>6901 S.E. Lake Rd., Suite 26</u> <u>Milwaukie, Or 97267</u>



Part IV	List of All Officers, Directors, and Highly Compensated Employees (see instructions)
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[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____



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